

WATER WELL SEALING REPORT
OHIO DEPARTMENT OF NATURAL RESOURCES
 Division of Water
 1939 Fountain Square Drive
 Columbus, Ohio 43224-1385
 Voice: (614) 265-6739 Fax: (614) 265-6767

0144481

LOCATION

County Ashtabula Township Ashtabula Circle One or Both
 Owner/Builder RMI Environmental Services Section/Lot Number _____
 Address of Well Location 1601 East 21st Street
 City Ashtabula Zip Code 44004
0.1 miles East of E. 21st St & SR 11
 Property Location Description on the north side of East 21st Street
 nearest intersection

Location of Well in State Plane N ☐
 coordinates, if available S ☐ X ☐ Y ☐

Elevation of Well ☐ Datum Plain: ☐ NAD27 ☐ NAD83

Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____ (circle one)

ORIGINAL WELL ODNR Well Log Number _____ Copy attached? Yes or No

MEASURED CONSTRUCTION DETAILSDate of measurements 10/1/02

Well 15-foot Static Water Level NA
 Casing 2-inch Length of casing 15-foot
 Well Condition Surface damage.

SEALING PROCEDUREMethod of Placement Tremmie pipe

Sealing Material portland cement Volume 5 ft³
 Placement: From 15 To 0
 From _____ To _____
 From _____ To _____

Was Casing Removed? Yes or No
 (circle one)

Condition of Casing Surface damage
 Perforations: From 4.5 To 14.5
 From _____ To _____

Date Sealing Performed 10/1/02
 Reason(s) for Sealing Surface water infiltration.

CONTRACTOR

Firm Sharp and Associates Inc. ODH Registration # N/A
982 Crupper Ave
Columbus, OH 43229

Signature [Signature] 000019
 I hereby certify the information given is accurate and correct to the best of my knowledge.

WATER WELL SEALING REPORT
OHIO DEPARTMENT OF NATURAL RESOURCES
Division of Water
1939 Fountain Square Drive
Columbus, Ohio 43224-1385
Voice: (614) 265-6739 Fax: (614) 265-6767

0144482

LOCATION

County Ashtabula Township Ashtabula Circle One or Both
Owner/Builder RMI Environmental Services Section/Lot Number _____
Circle One or Both
Address of Well Location 1601 E 21st St
Number Street Name
City Ashtabula, OH Zip Code +4 44004
0.1 miles east of E 21st St + SR 11
n, e, s, w nearest intersection
Property Location
Description on the north side of E 21st St
n, e, s, w road name

Location of Well in State Plane N ☐ ft. or m
Coordinates, if available S ☐ X ☐ Y ☐ ft. or m

Elevation of Well 634 ft. or m Datum Plain: ☐ NAD27 ☐ NAD83

Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____

ORIGINAL WELL ODNR Well Log Number 883305 Copy attached? (circle one) Yes or No

MEASURED CONSTRUCTION DETAILS Date of measurements 9/25/02

Well 10-foot Static Water Level NA
Casing 2-inch Length of casing _____
Well Condition Surface damage

SEALING PROCEDURE

Method of Placement Tremie Pipe
Sealing Material Volume 3
Placement: From 0 To 10 portland cement 4 ft
From _____ To _____
From _____ To _____

Is Casing Removed? (circle one) Yes or No

Condition of Casing Surface damage
Drillations: From 5 To 10
From _____ To _____

Date Sealing Performed 9/25/02
Reason(s) for Sealing Surface water infiltration

INSTALLER

Name Sharp & Associates, Inc. ODH Registration # NA
Address 982 Copper Ave
City Columbus OH Zip 43227

Signature [Signature]
I hereby certify the information given is accurate and correct to the best of my knowledge.

000001

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.
ORIGINAL COPY TO - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224-9971

WATER WELL SEALING REPORT
OHIO DEPARTMENT OF NATURAL RESOURCES
 Division of Water
 1939 Fountain Square Drive
 Columbus, Ohio 43224-1385
 Voice: (614) 265-6739 Fax: (614) 265-6767

0144483

LOCATION

County Ashtabula Township Ashtabula Circle One or Both
 Owner/Builder RMI Environmental Services Section/Lot Number _____
 Circle One or Both
 Address of Well Location 1601 East 21st Street
 Number Street Name
 City Ashtabula Zip Code +4 44004
0.1 miles East of E. 21st St + SR 11
 n, e, s, w nearest intersection
 Property Location Description on the north side of East 21st Street
 n, e, s, w road name

Location of Well in State Plane ☐ N ☐ S ☐ X ☐ Y _____ ft. or m _____ ft. or m
 coordinates, if available

Elevation of Well _____ ft. or m Datum Plain: ☐ NAD27 ☐ NAD83

Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____

ORIGINAL WELL ODNR Well Log Number _____ Copy attached? Yes or No (circle one)

MEASURED CONSTRUCTION DETAILSDate of measurements 10/3/02

D of Well 14-feet Static Water Level NA
 Size of Casing 2-inch Length of casing 14-feet
 Well Condition Surface damage

SEALING PROCEDUREMethod of Placement tremie pipe

Placement:	From	To	Sealing Material	Volume
	<u>0</u>	<u>15</u>	<u>portland cement</u>	<u>5 ft³</u>
	From	To		
	From	To		

Vas Casing Removed? ☒ Yes ☐ No
 (circle one)

Condition of Casing Surface damage
 Perforations: From 4 To 14
 From _____ To _____

Sealing Performed 10/3/02
 Reason(s) for Sealing Surface water Infiltration

CONTRACTOR

Name Sharp and Associates, Inc. ODH Registration # N/A
 Address 982 Creeper Ave
 City/State/Zip Columbus, OH 43227

Signature [Signature]
 I hereby certify the information given is accurate and correct to the best of my knowledge.

000018

WATER WELL SEALING REPORT
OHIO DEPARTMENT OF NATURAL RESOURCES
Division of Water
1939 Fountain Square Drive
Columbus, Ohio 43224-1385
Voice: (614) 265-6739 Fax: (614) 265-6767

0144484

LOCATION

County Ashtabula Township Ashtabula Circle One or Both
Owner/Builder RMI Environmental Services Section/Lot Number _____
Address of Well Location 1601 East 21st Street
City Ashtabula, OH Zip Code +4 44004
Address 0.1 miles north of E. 21st & SR 11
Property Location Description on the north side of East 21st Street
n, e, s, w road name

Location of Well in State Plane N ☐ ft. or m
Coordinates, if available S ☐ X ☐ Y ☐

Elevation of Well ☐ ft. or m Datum Plain: ☐ NAD27 ☐ NAD83

Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____ (circle one)

ORIGINAL WELL ODNR Well Log Number _____ Copy attached? Yes or No

MEASURED CONSTRUCTION DETAILS

Date of measurements 10/11/02

Depth of Well 14.8 - feet Static Water Level NA
Casing 2-inch Length of casing 14.8 - feet
Remarks Surface damage

SEALING PROCEDURE

Method of Placement tremie pipe
Sealing Material portland cement Volume 5 ft³
Placement: From 0 To 15
From _____ To _____
From _____ To _____

Was Casing Removed? Yes or No (circle one)
Condition of Casing Surface damage
Perforations: From 4.3' To 14.8'
From _____ To _____

Date Sealing Performed 10/11/02
Reason(s) for Sealing Surface water infiltration

CONTRACTOR
Name Sharp and Associates, Inc. ODH Registration # N/A
Address 982 Crupper Avenue
Columbus, Ohio 43229

Signature [Signature] 000017
I hereby certify the information given is accurate and correct to the best of my knowledge.

WATER WELL SEALING REPORT
OHIO DEPARTMENT OF NATURAL RESOURCES

0144485

Division of Water
1939 Fountain Square Drive
Columbus, Ohio 43224-1385
Voice: (614) 265-6739 Fax: (614) 265-6767

LOCATION

County Ashtabula Township Ashtabula Circle One or Both
Owner/Builder RMI Environmental Services Section/Lot Number _____Address of Well Location 1601 East 21st Street
Number Street NameCity Ashtabula, OH Zip Code +4 44004
0.1 miles east of E 21st St & SR 11
n, e, s, w nearest intersectionProperty Location Description on the North side of E 21st St
n, e, s, w road nameLocation of Well in State Plane N ☐
coordinates, if available S ☐ X ☐ ft. or m Y ☐ ft. or mElevation of Well ☐ ft. or m Datum Plain: ☐ NAD27 ☐ NAD83Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____ (circle one)

ORIGINAL WELL ODNR Well Log Number _____ Copy attached? Yes or No

MEASURED CONSTRUCTION DETAILS Date of measurements 10/1/02Depth of Well 15 - feet Static Water Level NA
Casing 2-inch Length of casing 15 - feet
Well Condition Surface damageSEALING PROCEDURE Method of Placement tremie pipePlacement: From 0 To 15 Sealing Material portland cement Volume 5 ft³
From _____ To _____
From _____ To _____Was Casing Removed? Yes or No
(circle one)Condition of Casing Surface damage
Perforations: From 5 To 15
From _____ To _____Date Sealing Performed 10/1/02
Reason(s) for Sealing Surface water infiltrationCONTRACTOR
Name Sharp and Associates, Inc ODH Registration # NA
Address 982 Chupper Ave
City/Zip Columbus OH 43229Signature [Signature] 000016
I hereby certify the information given is accurate and correct to the best of my knowledge.

WATER WELL SEALING REPORT
OHIO DEPARTMENT OF NATURAL RESOURCES
Division of Water
1939 Fountain Square Drive
Columbus, Ohio 43224-1385
Voice: (614) 265-6739 Fax: (614) 265-6767

0144486

LOCATION

County Ashtabula Township Ashtabula Section/Lot Number _____
Owner/Builder RML Environmental Services
Circle One or Both
Address of Well Location 1601 E. 21st St.
Number _____ Street Name _____
City Ashtabula, OH Zip Code +4 44004
0.1 miles East of E 21st St + SR 11
n, e, s, w nearest intersection
Property Location Description on the north side of E. 21st St.
n, e, s, w road name

Location of Well in State Plane N ☐
Coordinates, if available S ☐ X ☐ Y ☐
ft. or m ft. or m

Elevation of Well ☐ ft. or m Datum Plain: ☐ NAD27 ☐ NAD83

Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____

ORIGINAL WELL ODNR Well Log Number _____ Copy attached? Yes or No (circle one)

MEASURED CONSTRUCTION DETAILS

Date of measurements 10/1/01

Depth of Well 15 - feet Static Water Level NA
Casing 2 - inch Length of casing 15'
Well Condition Surface damage

SEALING PROCEDURE

Method of Placement tremie pipe

Placement: From 0 To 15 Sealing Material portland cement Volume 5 ft³
From _____ To _____
From _____ To _____

Was Casing Removed? Yes or No
(circle one)

Condition of Casing Surface damage
Perforations: From 5 To 15
From _____ To _____

Date Sealing Performed 10/1/01
Reason(s) for Sealing Surface water infiltration

CONTRACTOR

Name Sharp and Associates ODH Registration # NA
Address 982 Crupper Ave
Columbus, OH 43221

Signature [Signature]
I hereby certify the information given is accurate and correct to the best of my knowledge.

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WATER WELL SEALING REPORT

OHIO DEPARTMENT OF NATURAL RESOURCES

0144487

Division of Water
1939 Fountain Square Drive
Columbus, Ohio 43224-1385
Voice: (614) 265-6739 Fax: (614) 265-6767

LOCATION

County Ashtabula Township Ashtabula Circle One or Both
Owner/Builder RMI Environmental Services Section/Lot Number _____

Circle One or Both
Address of Well Location 1601 E. 21st St.
Number _____ Street Name _____

City Ashtabula, OH Zip Code +4 44004
0.1 miles East of E. 21st St + SR 11
n, e, s, w nearest intersection

Property Location Description on the North side of E. 21st St.
n, e, s, w road name

Location of Well in State Plane N ☐ ft. or m
coordinates, if available S ☐ X ☐ Y ☐ ft. or m

Elevation of Well ☐ ft. or m Datum Plain: ☐ NAD27 ☐ NAD83

Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____ (circle one)

ORIGINAL WELL ODNR Well Log Number _____ Copy attached? Yes or No

MEASURED CONSTRUCTION DETAILSDate of measurements 10/4/02

Depth of Well 15 - feet Static Water Level NA
Depth of Casing 2 - inch Length of casing 15 - feet
Well Condition Surface Damage

SEALING PROCEDURE

Method of Placement tremmie Pipe

Placement: From 0 To 15 Sealing Material portland cement Volume 5 ft³
From _____ To _____
From _____ To _____

Was Casing Removed? Yes or No
(circle one)

Condition of Casing Surface Damage
Perforations: From 5 To 15
From _____ To _____

Date Sealing Performed 10/4/02
Reason(s) for Sealing Surface water infiltration

CONTRACTOR

Name Sharp & Associates, Inc. ODH Registration # _____
Address 982 Crupper Ave
City/Zip Columbus, OH 43229

Signature Jim A. Smith
I hereby certify the information given is accurate and correct to the best of my knowledge.

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WATER WELL SEALING REPORT
OHIO DEPARTMENT OF NATURAL RESOURCES
Division of Water
1939 Fountain Square Drive
Columbus, Ohio 43224-1385
Voice: (614) 265-6739 Fax: (614) 265-6767

0144488

LOCATION

County Ashtabula Township Ashtabula Circle One or Both
Owner/Builder PMI Environmental Services Section/Lot Number _____
Address of Well Location 1601 E. 21st St.
City Ashtabula, OH Zip Code +4 44004
Distance 0.1 miles of E 21st St + SR 11
Property Location Description on the north side of E. 21st St
road name

Location of Well in State Plane N ☐ S ☐ X ☐ Y ☐
Coordinates, if available _____ ft. or m _____ ft. or m
Elevation of Well _____ Datum Plain: ☐ NAD27 ☐ NAD83
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____ (circle one)

ORIGINAL WELL ODNR Well Log Number _____ Copy attached? Yes or No

MEASURED CONSTRUCTION DETAILS Date of measurements 10/1/02
Well 15 - feet Static Water Level NA
Casing 2 - inch Length of casing 15'
Well Condition Surface damage

SEALING PROCEDURE
Method of Placement Tremie Pipe
Cement: From 0 To 15 Sealing Material portland cement Volume 5 ft³
From _____ To _____
From _____ To _____
Is Casing Removed? Yes or No (circle one)
Condition of Casing Surface damage
Sealant Locations: From 5 To 15
From _____ To _____
Sealing Performed 10/1/02
Reason(s) for Sealing Surface water infiltration

CONTRACTOR
Name Sharp + Associates Inc ODH Registration # _____
Address 782 Copper Ave
Columbus, OH 43221
Signature [Signature]
I hereby certify the information given is accurate and correct to the best of my knowledge.

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WATER WELL SEALING REPORT
OHIO DEPARTMENT OF NATURAL RESOURCES
Division of Water
1939 Fountain Square Drive
Columbus, Ohio 43224-1385
Voice: (614) 265-6739 Fax: (614) 265-6767

0144489

LOCATION

County Ashland Township Ashland Section/Lot Number _____
Circle One or Both
Owner/Builder RMI Environmental Services
Address of Well Location 1601 E 21st St.
Number _____ Street Name _____
City Ashland OH Zip Code +4 44004
0.1 miles east of E 21st St + SR 11
n, e, s, w nearest intersection
Property Location Description on the north side of E 21st St.
n, e, s, w road name

Location of Well in State Plane N ☐ ft. or m
coordinates, if available S ☐ X ☐ Y ☐

Elevation of Well ☐ ft. or m Datum Plain: ☐ NAD27 ☐ NAD83

Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____ (circle one)

ORIGINAL WELL ODNR Well Log Number _____ Copy attached? Yes or No

MEASURED CONSTRUCTION DETAILSDate of measurements 10/3/02

Depth of Well 26-feet Static Water Level NA
Casing 2-inch Length of casing 26-feet
Well Condition Surface damage

SEALING PROCEDUREMethod of Placement Tremie Pipe

Placement: From 0 To 26 Sealing Material portland/bestcrete grout Volume 9 ft³
From _____ To _____
From _____ To _____

Was Casing Removed? Yes or No
(circle one)

Condition of Casing Surface Damage
Perforations: From 4.3 To 26
From _____ To _____

Date Sealing Performed 10/3/02
Reason(s) for Sealing Poor construction, surface water infiltration.

CONTRACTOR

Name Sharp & Associates, Inc. ODH Registration # _____
Address 982 Crupper Ave
City/Zip Columbus, OH 43229

Signature [Signature]
I hereby certify the information given is accurate and correct to the best of my knowledge.

000012

WATER WELL SEALING REPORT
OHIO DEPARTMENT OF NATURAL RESOURCES
 Division of Water
 1939 Fountain Square Drive
 Columbus, Ohio 43224-1385
 Voice: (614) 265-6739 Fax: (614) 265-6767

0144490

LOCATION

County Ashtabula Township Ashtabula Circle One or Both
 Owner/Builder RMI Environmental Services Section/Lot Number _____
 Circle One or Both
 Address of Well Location 1601 E 21st St
 Number Street Name
 City Ashtabula, OH Zip Code +4 44004
0.1 miles east of E 21st St & SR 11
 n, e, s, w nearest intersection
 Property Location Description on the North side of E 21st St.
 n, e, s, w road name

Location of Well in State Plane N ☐ ft. or m
 coordinates, if available S ☐ X ☐ Y ☐ ft. or m

Elevation of Well ☐ ft. or m Datum Plain: ☐ NAD27 ☐ NAD83

Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____ (circle one)

ORIGINAL WELL ODNR Well Log Number _____ Copy attached? Yes or No

MEASURED CONSTRUCTION DETAILSDate of measurements 10/3/02

Depth of Well 15-feet Static Water Level NA
 Casing 2-inch Length of casing 15-feet
 Well Condition Surface damage

SEALING PROCEDUREMethod of Placement Tremie Pipe

Placement:	From	To	Sealing Material	Volume
	<u>0</u>	<u>15</u>	<u>portland cement</u>	<u>5 ft³</u>
	From	To		
	From	To		

Was Casing Removed? Yes or No
 (circle one)

Condition of Casing Surface damage
 Perforations: From 5 To 15
 From _____ To _____

Date Sealing Performed 10/3/02
 Reason(s) for Sealing Surface water infiltration

CONTRACTOR

Name Shamp & Associates, Inc. ODH Registration # _____
 Address 782 Crupper Ave
 City Columbus OH 43221

Signature [Signature]
 I hereby certify the information given is accurate and correct to the best of my knowledge.

000011

WATER WELL SEALING REPORT

OHIO DEPARTMENT OF NATURAL RESOURCES

0144491

Division of Water
1939 Fountain Square Drive
Columbus, Ohio 43224-1385
Voice: (614) 265-6739 Fax: (614) 265-6767

LOCATION

County Ashland Township Ashland Circle One or Both
Owner/Builder RMI Environmental Services Section/Lot Number _____
Circle One or Both
Address of Well Location 1601 E 21st St
City Ashland, OH Number _____ Street Name _____
Zip Code +4 44004
Distance 0.1 miles East of E 21st St & SR 11
n, e, s, w nearest intersection
Property Location Description on the North side of E 21st St
n, e, s, w road name
Location of Well in State Plane ☐ N ☐ S ☐ X _____ ft. or m
Coordinates, if available _____ ft. or m
Elevation of Well _____ ft. or m Datum Plain: ☐ NAD27 ☐ NAD83
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____
Original Well ODNR Well Log Number _____ Copy attached? Yes or No (circle one)

MEASURED CONSTRUCTION DETAILSDate of measurements 10/14/02

Depth of Well 32-feet Static Water Level NA
Casing 2-inch Length of casing 32-feet
Well Condition Surface damage

SEALING PROCEDURE

Method of Placement Tremie Pipe
Sealing Material portland cement Volume 11 ft³
Cement: From 0 To 32
From _____ To _____
From _____ To _____
Is Casing Removed? ☒ Yes or No (circle one)
Condition of Casing Surface damage
Sealant Locations: From 27 To 32
From _____ To _____
Is Sealing Performed 10/14/02
Reason(s) for Sealing Surface water infiltration

SEALING CONTRACTOR

Contractor Sharp and Associates, Inc ODH Registration # _____
Address 9822 Crupper Ave
City/Zip Columbus OH 43229
Signature [Signature]

I hereby certify the information given is accurate and correct to the best of my knowledge.

000010

Completion of this form is required by section 1521.05 (B) (9), Ohio Revised Code - file within 30 days after completion of sealing.
INAL COPY TO - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224-1385
 Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy

WATER WELL SEALING REPORT

OHIO DEPARTMENT OF NATURAL RESOURCES

0144493

Division of Water
1939 Fountain Square Drive
Columbus, Ohio 43224-1385
Voice: (614) 265-6739 Fax: (614) 265-6767

LOCATION

County Ashland Township Ashland Section/Lot Number _____

Owner/Builder RMI Environmental Services

Address of Well Location 1601 E 21st St

City Ashland, OH Zip Code +4 44004
0.1 miles East of E 21st St & SR 11

Property Location Description on the _____ side of _____ road name

Location of Well in State Plane N ☐ ft. or m
Coordinates, if available S ☐ X ☐ Y ☐

Elevation of Well ☐ ft. or m Datum Plain: ☐ NAD27 ☐ NAD83

Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____

ORIGINAL WELL ODNR Well Log Number _____ Copy attached? Yes or No (circle one)

MEASURED CONSTRUCTION DETAILS

Date of measurements 10/15/02
Depth of Well 34 feet Static Water Level NA
Casing 2 inch Length of casing 34 feet
Well Condition Surface damage

SEALING PROCEDURE

Method of Placement Tremie pipe

Sealing Material portland cement Volume 12 ft³
Placement: From 0 To 34
From _____ To _____
From _____ To _____

Was Casing Removed? Yes or No (circle one)

Condition of Casing Surface damage
Perforations: From 29 To 34
From _____ To _____

Date Sealing Performed 10/15/02
Reason(s) for Sealing Surface water infiltration

CONTRACTOR

Company Sharp and Associates Inc ODH Registration # NA
Address 982 Copper Ave
City/Zip Columbus, OH 43229

Signature Ken Smith

I hereby certify the information given is accurate and correct to the best of my knowledge.

000008

WATER WELL SEALING REPORT
OHIO DEPARTMENT OF NATURAL RESOURCES
Division of Water
1939 Fountain Square Drive
Columbus, Ohio 43224-1385
Voice: (614) 265-6739 Fax: (614) 265-6767

0144495

LOCATION

County Ashtabula Township Ashtabula Section/Lot Number _____
Owner/Builder RMI Environmental Services
Address of Well Location 1601 E 21st St
City Ashtabula, OH Zip Code +4 44004
on the 0.1 miles East of E 21st St + SR 11
Property Location Description on the North side of E 21st St road name

Location of Well in State Plane N ☐ S ☐ X ☐ Y ☐
Coordinates, if available _____ ft. or m
Elevation of Well 1634.110 ft. or m Datum Plain: ☐ NAD27 ☐ NAD83
Source of Coordinates: ☐ GPS ☒ Survey ☐ Other _____
ORIGINAL WELL ODNR Well Log Number 883302 Copy attached? Yes (circle one) or No

MEASURED CONSTRUCTION DETAILS Date of measurements 10/9/02
Length of Well 15 feet Static Water Level NA
Casing 2-inch Length of casing 15 feet
Well Condition Surface damage

SEALING PROCEDURE
Method of Placement Tremie Pipe
Sealing Material portland cement Volume 5 ft³
Placement: From 0 To 15
From _____ To _____
From _____ To _____
Has Casing Removed? Yes (circle one) or No
Condition of Casing Surface damage
Perforations: From 5 To 15
From _____ To _____
Date Sealing Performed 10/9/02
Reason(s) for Sealing Surface water infiltration

CONTRACTOR
Name Sharp + Associates, Inc. ODH Registration # _____
Address 982 Copper Ave
City Columbus OH Zip 43229

Signature [Signature]
I hereby certify the information given is accurate and correct to the best of my knowledge.

000005

CONSTRUCTION DETAILS

Source of Coordinates: ☐ GPS ☒ Survey ☐ Other

Quality

11-19-68

Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy

WATER WELL SEALING REPORT
OHIO DEPARTMENT OF NATURAL RESOURCES
 Division of Water
 1939 Fountain Square Drive
 Columbus, Ohio 43224-1385
 Voice: (614) 265-6739 Fax: (614) 265-6767

0144496

LOCATION

County Ashland Township Ashland Section/Lot Number _____
 Owner/Builder Rui Environmental Services
 Circle One or Both
 Address of Well Location 1601 E 21st St
 Number Street Name
 City Ashland, OH Zip Code +4 44004
0.1 miles east of E 21st St + SR 11
 n, e, s, w nearest intersection
 Property Location Description on the north side of E 21st St road name
 n, e, s, w

Location of Well in State Plane N ☐ S ☐ X ☐ Y ☐
 coordinates, if available ft. or m ft. or m

Elevation of Well 634 ft. or m Datum Plain: ☐ NAD27 ☐ NAD83

Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____

ORIGINAL WELL ODNR Well Log Number 883304 Copy attached? Yes (circle one) or No

MEASURED CONSTRUCTION DETAILSDate of measurements 10/11/02

Well 11-feet Static Water Level NA
 casing 2-inch Length of casing 11-feet
 Well Condition surface damage

SEALING PROCEDURE

Method of Placement Tremie Pipe
 Placement: From 0 To 12 Sealing Material portland cement Volume 4 ft³
 From _____ To _____
 From _____ To _____

Was Casing Removed? Yes (circle one) or No

Condition of Casing Surface damage
 Perforations: From 6 To 11
 From _____ To _____

Date Sealing Performed 10/11/02
 Reason(s) for Sealing Surface water infiltration

CONTRACTOR

Name Sharp and Associates, Inc. ODH Registration # NA
982 Crupper Ave
 Zip Columbus, OH 43229

Signature [Signature]
 I hereby certify the information given is accurate and correct to the best of my knowledge.

000003

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

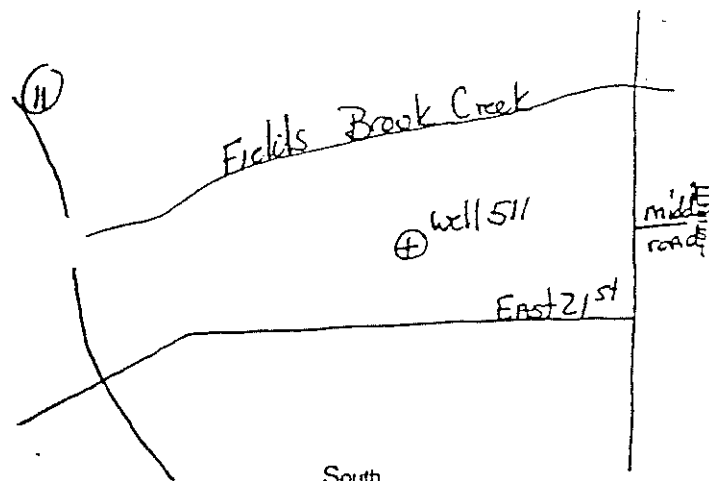
883304

WELL LOCATION

CONSTRUCTION DETAILS

Ashtabula Township Ashtabula
Driller/Owner BMI titanium Company Plant
Address of Well 1601 E. 21st street
City Ashtabula Zip Code 44005-0579
Well No. NA Section/Lot No. NA
Location of Well in State Plane Coordinates, if available:
X E 6543 . 617 +/- 1 @ or m
Y N 5011 . 707 +/- 1 ft. or m
Elevation of Well 629 +/- 2 @ or m
Datum: ☐ NAD27 ☐ NAD83 Elevation Source Survey map
Type of Coordinates: ☐ GPS ☒ Survey ☐ Other

Attach a map showing distance well lies from numbered state highways, street
intersections, county roads, buildings or other notable landmarks. If latitude and
longitude are available please include here: Lat: _____ Long: _____
North



WELL TEST

Pumping Static Level NA ft. Date _____
Measured from: ☐ Top of Casing ☐ Ground Level ☐ Other _____
☐ Bailing ☐ Pumping* ☐ Other _____
Rate _____ gpm Duration of Test _____ hrs.
Drawdown _____ ft. Sustainable Yield _____ gpm
Attach a copy of the pumping test record, per section 1521.05, ORC)
Copy Attached? ☐ Yes ☐ No Flowing Well? ☐ Yes ☐ No

PUMP/PITLESS

Pump NA Capacity _____ gpm
Set at _____ ft. Pitless Type _____
Installed by _____

I hereby certify the information given is accurate and correct to the best of my knowledge.

Firm Consultant Eckenfelder Inc
Address 224 French Landing Dr
City Nashville TN 37225

Signature of Gregory J. Christman Date 10/29/99
Registration Number _____

☐ Rotary ☐ Cable ☒ Augered ☐ Driven ☐ Other _____
BOREHOLE/CASING (measured from ground surface)

1 Borehole Diameter 6 inches Depth 11.5 ft.
Casing Diameter 2 in. Length 87.5 ft. Thickness 0.2 in.

2 Borehole Diameter _____ inches Depth _____ ft.
Casing Diameter _____ in. Length _____ ft. Thickness _____ in.

Casing Height Above Ground 1.5 ft.

Type 1 ☐ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☒ Stainless steel
2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other

Joints 1 ☐ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐ _____
2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 2 ☐ Other

SCREEN

Diameter 2 in Slot Size 10 Screen Length 5 ft.

Type wire rapped Material stainless steel

Set Between 6 ft. and 11 ft.

GRAVEL PACK (Filter Pack)

Material/Size No. 1 Marine Volume/Weight Used 3.4 ft³

Method of Installation Gravity Pour

Depth: Placed FROM 4 ft. TO 11.5 ft.

GROUT

Material Type I Portland Cement Volume/Weight Used 1 ft³

Method of Installation gravity Pour

Depth: Placed FROM 0 ft. TO 2 ft.

Bentonite 2 to 4

DRILLING LOG

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.
Show color, texture, hardness, and formation:
sandstone, shale, limestone, gravel, clay, sand, etc.

	From	To
Gray mottled Clayey silt Lt (+) shale Fragments (Fill)	0	5'

Gray mottled Clayey silt Lt (+) f. Sand, Lt (+) shale Fragments (Fill)	5'	10'
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Gray Clayey silt Lt (+) f. Sand	10'	12'
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000004

(If more space is needed to complete drilling log, use next consecutively numbered form.)

Date of Well Completion 10/13/99 Total Depth of Well 11 ft.